

Alcohol Testing Form

(The instructions for completing this form are on the back of Copy 3)

Step 1: TO BE COMPLETED BY ALCOHOL TECHNICIAN

A: Employee Name Deborah Moss
(Print) (First, M.I., Last)

B: SSN or Employee ID No. 1066

C: Employer Name University Hospitals Cleveland Medical Center
Street Employee Health, MCCO 4th Floor
City, State, Zip 11100 Euclid Avenue
Cleveland, OH 44106-6029

DER Name and Telephone No. Carol Heilman, MD
DER Name Carol Heilman, MD DER Phone Number

D: Reason for Test: ☒ Random ☐ Reasonable Susp ☐ Post-Accident ☐ Return to Duty ☐ Follow-up ☐ Pre-emplo

STEP 2: TO BE COMPLETED BY EMPLOYEE

I certify that I am about to submit to alcohol testing and that the identifying information provided on the form is true and correct.

Signature of Employee Deborah Moss Date Month Day Year 2/15/17

STEP 3: TO BE COMPLETED BY ALCOHOL TECHNICIAN

(If the technician conducting the screening test is not the same technician who will be conducting the confirmation test, each technician must complete their own form.) I certify that I have conducted alcohol testing on the above named individual, that I am qualified to operate the testing device(s) identified, and that the results are as recorded.

TECHNICIAN: ☒ BAT ☐ STT DEVICE: ☐ SALIVA ☒ BREATH* 15-Minute Wait: ☐ Yes ☐ No

SCREENING TEST: (For BREATH DEVICE* write in the space below only if the testing device is not designed to p

Test #	Testing Device Name	Device Serial # OR Lot # & Exp Date	Activation Time	Reading Time	Re
CONFIRMATION TEST: Results <u>MUST</u> be affixed to each copy of this form or printed directly onto the form.					

REMARKS:

University Hospitals Cleveland Medical C
Employee Health, MCCO 4th Floor
11100 Euclid Avenue
Cleveland, OH 44106-6029

Alcohol Technician's Company Carol Heilman RN
(PRINT) Alcohol Technician's Name (First, M.I., Last)
Signature of Alcohol Technician Carol Heilman RN

Company Street Address
Company City, State, Zip Phone Number
Date Month Day Year 02/15/2017

STEP 4: TO BE COMPLETED BY EMPLOYEE IF TEST RESULT IS POSITIVE.

I certify that I have submitted to the alcohol test, the results of which are accurately recorded on this form. I understand that I must not drive, perform safety-sensitive duties, or operate heavy equipment because the results are positive.

Signature of Employee Date Month Day Year

Affix
or
Print
Screening Results
Here

Ch. 104
Alcohol Testing
for the
Ohio
Department of
Transportation
Date of Test
Result

Deborah Moss

Carol Heilman

Carol Heilman

Final Results
Calibration check, etc.
Here
With
Tamper Evident Tape

NON-REGULATED 5 PART DRUG TESTING CUSTODY AND CONTROL FORM

SPECIMEN ID NO.

MEDTOX
LABORATORIES, INC.402 W County Rd D
St. Paul, MN 55112

23257146

STEP 1

To be completed by **COLLECTOR**
or **EMPLOYER REPRESENTATIVE**

Account # 4542922

A. Employer Name, Address, I.D. No.		B. MRO Name, Address, Phone and Fax No.		LAB ACCESSION NO.
EMPLOYER NAME: EAP Account # 5 7 6 9 2 4		MRO NAME: DR. PAUL RICHARDS 3900 W. 10TH AVE. N.W. NORTH BIRMINGHAM, OH 44106 PH: 440-624-7433 FX: 440-533-7492		
C. Donor Name (Last, First)		Donor I.D.	Donor Daytime Phone	
MOSS		DLBORNAH	330.22.59597	
D. Reason for Test				
<input type="checkbox"/> Pre-employment <input checked="" type="checkbox"/> Random <input type="checkbox"/> Reasonable Suspicion/Cause <input type="checkbox"/> Return To Duty <input type="checkbox"/> Follow-up <input type="checkbox"/> Post Accident <input type="checkbox"/> Other (Specify)				
E. Collection Site Name		Collector Phone No.	Collector Fax No.	
25525 1000 CIRCLE DRIVE N.W. 4TH FLOOR CLEVELAND, OH 44106		5 7 6 9 2 4	5 7 6 9 2 4	
F. Test(s) Ordered				
<input checked="" type="checkbox"/> 5-Panel (Cocaine, Heroin, Marijuana, PCP, Opioids) <input type="checkbox"/> 10-Panel (Addicts)				

STEP 2: COMPLETED BY COLLECTOR		Specimen Collection:		14008
Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No, Enter Remark		<input checked="" type="checkbox"/> Split <input type="checkbox"/> Single <input type="checkbox"/> None Provided (Enter Remark) <input type="checkbox"/> Observed (Enter Remark)		
REMARKS				

STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5 on Copy 2 (MRO Copy)

STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY

I certify that the specimen given to me by the donor identified in the certification section on Copy 2 of this form was collected, labeled, sealed and released to the Delivery Service noted in accordance with applicable requirements.				
X	Signature of Collector <i>(Signature)</i> (PRINT) Collector's Name (First, MI, Last)	Time of Collection	AM <input checked="" type="checkbox"/> PM <input type="checkbox"/>	SPECIMEN BOTTLE(S) RELEASED TO: Name of Delivery Service Transporting Specimen to Lab <input checked="" type="checkbox"/> FedEx <input type="checkbox"/> Local Courier <input type="checkbox"/> Other
		Date (Mo./Day/Yr.)	02/15/2017	

STEP 5: COMPLETED BY DONOR

I certify that I provided my urine specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information provided on this form and on the label affixed to each specimen bottle is correct.

X	Signature of Donor <i>(Signature)</i> (PRINT) Donor's Name (First, MI, Last)	Date (Mo./Day/Yr.)
	MOSS	02/15/2017

Daytime Phone No. **330.22.59597** Evening Phone No. () Date of Birth **02/15/2017**

Should the results of the laboratory tests for the specimen identified by this form be confirmed positive, the Medical Review Officer may contact you to ask about prescriptions and over-the-counter medications you may have taken. Therefore, you may want to make a list of those medications for your own records. THIS LIST IS NOT NECESSARY. If you choose to make a list, do so either on a separate piece of paper or on the back of your copy (Copy 5). — DO NOT PROVIDE THIS INFORMATION ON THE BACK OF ANY OTHER COPY OF THE FORM. TAKE COPY 5 WITH YOU.